

**Benefits.**—Basic in-patient benefits are similar in each of the provinces. They include accommodation and meals at the standard ward level, necessary nursing service, laboratory, radiological and other diagnostic procedures together with the necessary interpretations, specified drugs and biologicals where administered in hospital, use of operating room, case room and anaesthetic facilities including necessary equipment and supplies, routine surgical supplies, use of radiotherapy and physiotherapy facilities, and services rendered by personnel employed by the hospital except for certain services provided by physicians. Benefits do not include the services of doctors or nurses not employed by hospitals, extra charges for private and semi-private accommodation, or drugs excluded by the provincial authority.

Out-patient hospital benefits, allowable on an optional basis under federal legislation as a means of reducing in-patient admissions for diagnostic purposes, have been adopted in widely varying degree by provincial hospital insurance schemes. Only the four Atlantic Provinces provide comprehensive benefits involving laboratory and radiological diagnostic procedures and interpretations (all types in Newfoundland and specified types in Nova Scotia, New Brunswick and Prince Edward Island); use of radiotherapy and physiotherapy facilities (except for exclusion of radiotherapy facilities in New Brunswick); emergency out-patient care including staff services, use of facilities and drugs (except in Newfoundland); and, generally, designated services rendered by persons receiving remuneration from the hospital. Elsewhere, diagnostic services other than those required for emergency out-patient care are excluded, with the exception of tissue pathological examinations, provincial laboratory tests and cancer clinic services in Saskatchewan, and diagnosis for minor surgical procedures in Manitoba and Saskatchewan. Emergency out-patient care following an accident is a benefit in British Columbia, Saskatchewan, Manitoba and Ontario; Manitoba and Saskatchewan also include out-patient services for minor surgical procedures, and Manitoba includes electro-shock therapy. Alberta is the only province without any out-patient benefits generally available, although for the specific group of provincial public assistance recipients it provides the most comprehensive range of out-patient benefits in Canada as part of the provincial hospital insurance scheme.\*

Benefits for care provided in out-of-province hospitals also vary between provinces. In most instances they are available only for persons retaining coverage who have moved to another province, or for emergency care of residents temporarily absent from the home province; some provincial schemes permit referrals to out-of-province hospitals for special care that cannot be provided in their own. Most of them place a limit on the length of stay allowed in out-of-province hospitals.

No other specific limit is placed on the duration of hospital care. The criterion applied is the opinion of the attending physician as to whether continued hospital care is a medical necessity. From the outset in most provinces, benefits have applied to both acute and chronic conditions requiring hospitalization. All schemes require regular reports on each patient to substantiate that admission is medically necessary.

**Participating Hospitals.**—The federal Act provides for inclusion of acute and chronic care hospitals and other 'special facilities' rendering insured services, but specifically excludes mental hospitals, tuberculosis sanatoria and custodial facilities from the federally shared program. For an institution to qualify as a participating hospital, it must be licensed, approved or designated by the provincial hospital insurance authority and listed in an appendix to the federal-provincial agreement. Generally, all public general hospitals have been approved for inclusion in the hospital insurance system, but variations among provinces exist with regard to certain classes of special hospitals, chronic hospitals, private hospitals and nursing homes.

Ontario and Prince Edward Island are the only provinces to include tuberculosis sanatoria and mental hospitals in the provincial hospital insurance scheme; in other provinces separate provisions cover care provided in these classes of hospitals. Costs are paid by the provinces (in some cases there are contributions by municipalities or patients)

\* These public assistance benefits are not shareable under federal legislation, since the benefits are not universally available.